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JUN 29 2004

PTO/SB/21 (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/928,194
		Filing Date	August 11, 2000
		First Named Inventor	Kurt E. PETERSEN
		Art Unit	2811
		Examiner Name	D. Kang
Total Number of Pages in This Submission	8	Attorney Docket Number	356952000304

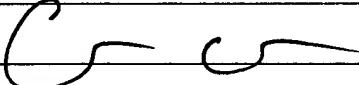
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ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form + duplicate for fee processing (2 pages) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return postcard
<input type="checkbox"/> Extension of Time Request (1 page) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
<input type="checkbox"/> Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	MORRISON & FOERSTER LLP (Customer No. 25226) Christopher B. Eide - 48,375
Signature	
Date	June 29, 2004

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 335368964 US, in an envelope addressed to: MS Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

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Signature:



(Tia B. Zimmerman)

JUN 29 2004

PTO/SB/17 (10-03)

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# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

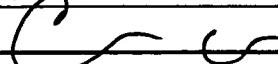
 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 950.00)

## Complete if Known

Application Number	09/928,194
Filing Date	August 11, 2001
First Named Inventor	Kurt E. PETERSEN
Examiner Name	D. Kang
Art Unit	2811
Attorney Docket No.	356952000344

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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)					
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None	3. ADDITIONAL FEES					
<input checked="" type="checkbox"/> Deposit Account:					JUL 12 2004					
Deposit Account Number 03-1952					TECH CENTER 2811					
Deposit Account Name Morrison & Foerster LLP										
The Director is authorized to: (check all that apply)										
<input checked="" type="checkbox"/> Charge fee(s) indicated below		<input checked="" type="checkbox"/> Credit any overpayments								
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FEE CALCULATION										
1. BASIC FILING FEE										
Large Entity		Small Entity		Fee Description		Fee Paid				
Fee Code	Fee (\$)	Fee Code	Fee (\$)							
1001	770	2001	385	Utility filing fee						
1002	340	2002	170	Design filing fee						
1003	530	2003	265	Plant filing fee						
1004	770	2004	385	Reissue filing fee						
1005	160	2005	80	Provisional filing fee						
SUBTOTAL (1)		(\$)		0.00						
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE										
Large Entity		Small Entity		Fee Description		Fee Paid				
Fee Code	Fee (\$)	Fee Code	Fee (\$)							
1202	18	2202	9	Claims in excess of 20						
1201	86	2201	43	Independent claims in excess of 3						
1203	290	2203	145	Multiple dependent claim, if not paid						
1204	86	2204	43	** Reissue independent claims over original patent						
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent						
SUBTOTAL (2)		(\$)		0.00						
*Reduced by Basic Filing Fee Paid										
SUBTOTAL (3)		(\$)		950.00						
**or number previously paid, if greater; For Reissues, see above										
(Complete if applicable)										
SUBMITTED BY										
Name (Print/Type)	Christopher B. Eide			Registration No. (Attorney/Agent)	48,375		Telephone	(650) 813-5720		
Signature				Date	June 29, 2004					

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